No. 300
10.48

FILED MAY 23 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15045

BIRTH NO. _____ REG. DIST. NO. 93 PRIMARY REG. DIST. NO. 4153 Registrar's No. 55-36

290
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: Dade
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lockwood Mo
c. LENGTH OF STAY (In this place): yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): home 5th & main st

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Da de
c. CITY OR TOWN: Lockwood Mo
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
STREET ADDRESS (If rural, give location): 5th&Main St
0292

3. NAME OF DECEASED (Type or Print)
a. (First): Cicero
b. (Middle): D
c. (Last): Pyle

4. DATE OF DEATH (Month) (Day) (Year): May 15,1955

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Dec.8 1872
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months 5, Days 7 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired
10b. KIND OF BUSINESS OR INDUSTRY: Cattleman
11. BIRTHPLACE (City and State or Foreign Country): Ceder Co Mo.
12. CITIZEN OF WHAT COUNTRY?: usa

13a. FATHER'S NAME: Monroe Pyle
13b. MOTHER'S MAIDEN NAME: Minerva Wilson
14. NAME OF HUSBAND OR WIFE: Alice Pyle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Alice Pyle Lockwood Mo

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Osteoporosis of spine - Dorsal
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteio Scherasis
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
4500
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-1, 1955, *to* 5-15-, 1955, *that I last saw the deceased alive on* 5-12-, 1955, *and that death occurred at* 5:00a m. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): V. D. Combs M.D.
23b. ADDRESS: Lockwood Mo
23c. DATE SIGNED: 5-16-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 17,1955
24c. NAME OF CEMETERY OR CREMATORY: Lockwood
24d. LOCATION (City, town, or county) (State): Lockwood Mo

DATE REC'D BY LOCAL REG.: 5-19-55
REGISTRAR'S SIGNATURE: J. C. Canada 478
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: W.R.Allison Greenfield Mo.

(Licensed Embalmer's Statement on Reverse Side)

AUG 28 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed W. R. Allison

Licensed Embalmer No. 44

P. O. Address Greenfie

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.